

REMARKS:

A & C. with Fel. Aslt. and 1897 Pl. to wt: at time and place of occurr. he did possess a gun (not rec'd) and fired approx 3 shots at one Thomas Hagan, causing said Hagan's confinement to Bellevue Hosp. w th gunshot of Leg. left thigh.

NARCOTIC/DRUG INFORMATION (to be obtained by interrogating prisoner, not through department records).

Type of Narcotic/Drug Used	How Long Used	Amount Used Daily	Daily Cost	Cause of Addiction
NO DRUGS				<input type="checkbox"/> Medical <input type="checkbox"/> Other (specify)

Previously arrested for narcotics violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Times?	Date(s)	Disposition(s)

ADDRESS(ES) AT TIME(S) OF PREVIOUS NARCOTICS ARREST(S)

Any Previous Treatment for Cure? If So, Where?	How Many Times?	Where Employed or School if Student

INFORMATION BELOW TO BE ENTERED ONLY IF PRISONER IS UNDER 21.

Res. Pct.	Youth Gang Involved in Arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Gang Member, Name of Gang	Mother's Maiden Name

(Rank)

(Signature of Desk Officer)

(Pct.)

Prisoner's Surname

First Name and Initials

Address (Number and Street—

Apt. No.)

Francis

Rouben

871 E. 179 St.

20

Pct.	Arrest Ser. No.	†	*Drug Code	Occupation/School	City or Post Office	State
34				salesman	Bronx	N.Y.

Sex	Color	Age	**	Date of Birth	<input type="checkbox"/> Married	<input type="checkbox"/> Alien	(City or Town) Nativity (State or Country)
M	N	33		3-2-31	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Citizen	NYC

*Crime Code	Time	and	Date of Arrest	Charge (Indicate grade of offense F.M.O.J.)	Specific Offense (if drug involved, specify type)
	11:30PM		2-21-65	Fel Aslt.	
				1807 PL	F Gun

Pct. of Violation	and	U.F. 61 No.	*Officer Code	Rank	Name of Arresting/Assigned Officer	Shield No.	Command
34				Det.	Verd. Cavallaro	409	343q.

Time	and	Date of Violation	Place of Violation	<input checked="" type="checkbox"/> Inside	Type of Premises
3:05PM		2-21-65	654 W. 166th St.	<input type="checkbox"/> Outside	hall.

Complainant's Name	Address
People	NY County

Arrested by:	Arrest Made:	Duplicate Report Forwarded to:	Prisoner Fingerprinted?	Addict?	If Addict, Complete Back of Form
<input type="checkbox"/> Complainant <input type="checkbox"/> Other (Identify under "Remarks")	On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/>	(If none so indicate)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input type="checkbox"/> Officer					

*

U.F. 4 forwarded to I.U. must be legible.

*For use by Statistical and Records Bureau only.

†Enter "F.O.A." or "S.W." if appropriate.

**For use in special surveys only.

ARREST REPORT

(OVER)

U.F. 4 (Rev. 8-63)

REMARKS:

A & C. with Fel. Aslt. & 1897 PL gun, to wit:
 at time and pl. of occur., he did possess a gun
 (not rec'd) and fired 3 shots at one ~~Thomas Hagan~~ ^{TALMADGE HAYER}
 causing said Hagan's confinement to Bellevue Hosp.
 with gunshot wound of the left thigh.

NARCOTIC/DRUG INFORMATION (to be obtained by interrogating prisoner, not through department records).

Type of Narcotic/Drug Used NO DRUGS	How Long Used	Amount Used Daily	Daily Cost	Cause of Addiction <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify)
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Previously arrested for narcotics violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Times?	Date(s)	Disposition(s)
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ADDRESS(ES) AT TIME(S) OF PREVIOUS NARCOTICS ARREST(S)

Any Previous Treatment for Cure? If So, Where?	How Many Times?	Where Employed or School if Student
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INFORMATION BELOW TO BE ENTERED ONLY IF PRISONER IS UNDER 21.

Res. Pct.	Youth Gang Involved in Arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Gang Member, Name of Gang	Mother's Maiden Name
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(Rank)

(Signature of Desk Officer)

(Pct.)

Prisoner's Surname

First Name and Initials

Address (Number and Street—

Apt. No.

Francis

Reuben

871 E. 179th St.

2C

Pct.	Arrest Ser. No.	*Drug Code	Occupation/School	City or Post Office	State
34			salesman	Bronx	NY
Sex	Color	Age	*Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Alien	(City or Town) Nativity (State or Country)
M	N	33	5-4-31	<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Citizen	NYC
*Crime Code	Time	and Date of Arrest	Charge (Indicate grade of offense F.M.O.J.)	Specific Offense (if drug involved, specify type)	
	11:30PM	2-21-65	1. Del. ASlt. 2. 1897 PL	F Gun	
Pct. of Violation	and U.F. 61 No.	*Officer Code	Rank	Name of Arresting/Assigned Officer	Shield No. Command
34			Det.	Ferd. Cavallaro	409 348q
Time	and Date of Violation	Place of Violation	<input checked="" type="checkbox"/> Inside	Type of Premises	
3:05PM	2-21-65	654 W. 166th St.	<input type="checkbox"/> Outside	dance hall	
Complainant's Name			Address		
People			NY County		
Arrested by:		Arrest Made:	Duplicate Report Forwarded to:		Prisoner Fingerprinted?
<input type="checkbox"/> Complainant <input type="checkbox"/> Other (Identify		On Duty <input checked="" type="checkbox"/> Off Duty <input type="checkbox"/>	(If none so indicate)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Officer under "Remarks")					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Disposition Code	Action of Court	Date	Judge	Court	
*					
Original Charge Changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Final Charge (fill in after final disposition)		NOTE:	
				U.F. 5 forwarded to I.U. must be the original copy. *Items marked with asterisk will be entered at S. & R. Bur. †Enter "F.O.A." "G.T.A." or "S.W." if appropriate.	

ARREST DISPOSITION REPORT

(OVER)

U.F. 5 (Rev. 11-61)

REMARKS:

A & C. with Fel. Aslt. and 1897 PL. to wt: at time and place of occurr. he did possess a gun (not rec'd) and fired approx 3 shots at one Thomas Hagan, causing said Hagan's confinement to Bellevue Hosp. w th gunshot of ~~leg~~ left thigh.

NARCOTIC/DRUG INFORMATION (to be obtained by interrogating prisoner, not through department records).

Type of Narcotic/Drug Used

How Long Used

Amount Used Daily

Daily Cost

Cause of Addiction

☐ Medical☐ Other (specify)

Previously arrested

☐ Yes

How

Date(s)

Disposition(s)

for narcotics violation?

☐ No

Many

Times?

ADDRESS(ES) AT TIME(S) OF PREVIOUS NARCOTICS ARREST(S)

Any Previous Treatment for Cure? If So, Where?

How

Many

Times?

Where Employed or School if Student

INFORMATION BELOW TO BE ENTERED ONLY IF PRISONER IS UNDER 21.

Res. Pct.

Youth Gang

Involved

in Arrest?

☐ Yes☐ No

If Gang Member, Name of Gang

Mother's Maiden Name

(Rank)

(Signature of Desk Officer)

(Pct.)

Prisoner's Surname

First Name and Initials

Address (Number and Street—

Apt. No.

Francis Reuben

871 E. 179 St.

2C

Pct.	Arrest Ser. No.	*Dr. g Code	Occupation/School	City or Post Office	State
34			salesman	Bronx	N.Y.
Sex	Color	Age	*Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Alien	(City or Town) Nativity (State or Country)
M	N	53	3-2-31	<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Citizen	NYC
*Crime Code	Time	and Date of Arrest	Charge (Indicate grade of offense F.M.O.J.)	Specific Offense (if drug involved, specify type)	
	11:30PM	2-21-65	Fel Aslt. 1897 PL	F	Gun
Pct. of Violation	and U.F. 61 No.	*Officer Code	Rank	Name of Arresting/Assigned Officer	Shield No. Command
34			Det.	Ferd. Cavallaro	409 34Sq.

Time	and Date of Violation	Place of Violation	<input checked="" type="checkbox"/> Inside	Type of Premises
3:05PM	2-21-65	654 W. 166th St.	<input type="checkbox"/> Outside	hall.
Complainant's Name			Address	

People

NY County

Arrested by:	Arrest Made:	Duplicate Report Forwarded to:	Prisoner Fingerprinted?	Addict?	If Addict, Complete Back of Form
<input type="checkbox"/> Complainant <input type="checkbox"/> Other (Identify)	On Duty <input checked="" type="checkbox"/> Off Duty <input type="checkbox"/>	(If none so indicate)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Officer	under "Remarks")				

Disposition Code	Action of Court	Date	Judge	Court
*				

Original Charge Changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Final Charge (fill in after final disposition)	NOTE: U.F. 5 forwarded to I.U. must be the original copy. *Items marked with asterisk will be entered at S. & R. Bur. †Enter "F.O.A.," "G.T.A." or "S.W.," if appropriate.
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ARREST DISPOSITION REPORT

(OVER)

U.F. 5 (Rev. 11-61)

Gallery No. _____

Where born New York City N.Y.
(COUNTRY, STATE OR CITY)

Sex Male Age 33 Color Neg.

Eyes Br. Hair Bl. Height 5'8" Weight 160

Occupation Salesman

Right or Left-Handed Right

Distinctive Marks and Scars None

Operator or Chauffeur License _____

Auto License No. _____ Model _____

Make _____ Color _____

(PHOTOGRAPH)

Arrest No. 34 Pct. _____

Date of Arrest 2/21/65

Crime Fel. Ass. & 1897 PL _____

Officer Det. Cavallaro 34th

Social Security No. _____

REMARKS

RESIDENT KNOWN CRIMINAL

D. D. 52a

Name Reuben Francis
(SURNAME) (FIRST) (MIDDLE)

Alias Reuben X

Address 871 E. 179th St 2C Apt. No. 2C Floor 2

Borough Bronx N.Y. 34 Precinct

Address verified by Det. Cavallaro 34 Squad Date 2/21/65

Prison (In or Out) _____

Criminal Specialty Fel. Assault & 1897 PL

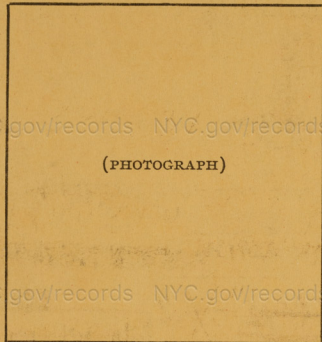
Name of Associates None

B No. or E No. of Associates _____

CHANGE OF ADDRESS

IMPORTANT—Residence of Prisoner will be verified quarterly. Name of Detective and date verified will be inserted under Remarks. If criminal moves, forward Card to Resident Precinct and notify B. C. I.

Gallery No. _____



Where born New York City N.Y.
(COUNTRY, STATE OR CITY)

Sex Male Age 33 Color Neg.

Eyes Br. Hair Bl. Height 5'8" Weight 160

Occupation Salesman

Right or Left-Handed Right

Distinctive Marks and Scars None

Operator or Chauffeur License _____

Auto License No. _____ Model _____

Make _____ Color _____

Arrest No. 34 Pct. _____

Date of Arrest 2/21/65

Crime Fel. Ass. & 1897 PL

Officer Det. Cavallaro 34th

Social Security No. _____

REMARKS

RESIDENT KNOWN CRIMINAL

D. D. 52a

Name Reuben Francis
(SURNAME) (FIRST) (MIDDLE)Alias Reuben XAddress 871 E. 179th St 2C Apt. No. 2C Floor 2Borough Bronx N.Y. 34 PrecinctAddress verified by Det. Cavallaro 34 Squad Date 2/21/65

Prison (In or Out) _____

Criminal Specialty Fel. Assault & 1897 PLName of Associates None

B No. or E No. of Associates _____

CHANGE OF ADDRESS

IMPORTANT—Residence of Prisoner will be verified quarterly. Name of Detective and date verified will be inserted under Remarks. If criminal moves, forward Card to Resident Precinct and notify B. C. I.

Cross out previous designation. - Re-address in next space.

1 2-21-65 3:05 PM
654 W. 166th St.
Fel. Aslt. & 1897 PL gun
not recover'd

5 Perp. Reuben Francis
871 E. 179 St. Bx. NY
B# 570-986

9 Arr. 254 34Pet
ADA Stern
ARR Mes. knuff

2 Shot- Thomas Hagan m/n/22

6 wearing br ~~tooth~~ ^{tooth} here's gone twice
suit with seat ^{twice} brown vest
Holt other mustache + glasses
ATTY - Mitchell - 225 Bway

10 Sgt ARonoff - SE 3 6983

USE ALL SPACES

BEFORE DISCARDING

THIS ENVELOPE

3 2-22-65 Ft. LA
Judge Gladwyn
bail 10,000. adj. 2-24

7 ~~2-4-65 Eugene E.~~
~~Judge Carter -~~
~~Whit of Hoke. Longue dismissed~~

11 2/2/66 anent Benches
brought to Pt 30 - to Dept Con
arrang. Pt 30
2/8/66 25000 bail (not Gtly plea)

4 **MICHAEL J. SHERWIN**
Bail cont'd - adj - 3-3-
3-3 Adj to - 2-12-65 Judge Lerq.

8 3-10-65 GR. Jury indictment
873-65
3-12-65 def'd failed to
appear.

12 Call Herb Stiles
1st - Thes. 2-23-65